



APPLICATION FOR DUPLICATE WALL CERTIFICATE

State Form 45270 (R3 / 4-03)

Approved by State Board of Accounts, 2003

State Board of Funeral and Cemetery Service
Indiana Professional Licensing Agency
302 West Washington Street, Room E034
Indianapolis, IN 46204
317-232-2980
www.in.gov/pla

FEE: \$10.00

Name of licensee	
Address (number and street, city, state, ZIP code and county)	
Business telephone number	Funeral director or embalmer license number

Pursuant to IC 25-15-8-6, I hereby request the State Board of Funeral and Cemetery Service to register my

above described license with _____

Funeral Home, funeral home license number _____

Located at _____

where and / or for which I am performing funeral services as an agent or manager in the subject funeral home and to issue a duplicate certificate of license for the registration.

I swear to or affirm the truth of the foregoing.

NOTARY CERTIFICATE (SWORN OATH)

STATE OF _____ }
COUNTY OF _____ } SS:

I, _____, having been duly sworn on oath, say that I am the above-named applicant, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

Signature of applicant	Signature of Notary Public	
Printed or typed name of applicant	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires

(If additional space is required, use the area below)